

FILED JAN 5 1945 18

State File No. 10948

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Leon Broyer.

3. (b) If veteran, name war no 3. (c) Social Security No. 488-05-7405

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Elizabeth Broyer. 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased. June 17th 1873
(Month) (Day) (Year)

8. AGE: — Years 71 Months 6 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace New Orleans, Louisiana.
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer.

11. Industry or business Mallinckrodt Chemical Co.

12. Name Philbert Broyer.

13. Birthplace Paris, France
(City, town, or county) (State or foreign country)

14. Maiden name Josephine DeLaveaux

15. Birthplace Paris, France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah E. Broyer.

(b) Address 5834 Pershing Ave.

17. (a) burial (b) Date thereof 12/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) DEC 29 1944 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(If outside city or town limits, write "RURAL")
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5834 Pershing
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st.
 year 1944 hour 5:30 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from April 1939 to death, 19____
 that I last saw him alive on 12/21/44, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 3 mo
Hypertensive of art. Sclerosis
Heart Disease. +10 yrs

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 0
 23. Signature Arthur E. Straub (M. D. or other) _____
 Address 539 N. Grand Date signed 12/29/44

Dr. Arthur E. Strauss.
Humboldt Bldg.
JE 6525
Hrs. - 7:30 to 5

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4911

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.